

LIMITED POWER OF ATTORNEY

I hereby name and appo	oint:
	Printed Name of Appointee
	Company Name of Appointee
Government Commerc	rney-in-fact to act for me in applying to Seminole Count ial/Residential Permitting for a permit enabling work to be ion below-described and to sign my name and do all things name the contraction is a second contraction.
Section	
Township	
Range	
Subdivisio	on .
Block	
Lot	
	Project Address
	Owner of Property
	Owner Address
	Signed:certified contractor signature
	Date:
	Certified Contractor:printed name
	Contractor License #:
State of Florida) County of)	
Sworn to and subscribed before to me or who has produced	fore me this day of by (name of person acknowledged) who is personally known(identification)
	Notary Public Commission expires: